Ellecti	ve October 1, 2	MINATION RECO		1	01	<u>/ </u>		54
CLAIMS AS	S FILED - PART I (Column 1) (Column 2)		SM#::	ENTITY		OTHER TH		
TOTAL CLAIMS	(Column 1)	(Column 2)	TEL		FEE	OR I [RATE	
	19	NUMBER EXTRA	BAS	EEF	355.00		BASIC FEE	7
FOR '	NUMBER FILED		1 -	-		OR		H
TOTAL CHARGEABLE CLAIMS		•	X	ું≔ ———		OR	X\$18=	L
INDEPENDENT CLAIMS	3 minus 3 =	0	X.	\=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PF	RESENT] [+1	=		OR	+270=	
* If the difference in column 1 is I	ess than zero, ente	er "0" in c olumn 2	<u>L</u> .	با	355D	OR	TOTAL	H
	MENDED - PAF		•		مها در چ] •	OTHER	T
(Column 1)		ımn 2) (Column 3	<u>3)</u> 5	LI	ENTITY	OR	SMALL	E١
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FIRST PRESENTATION OF MU	JLTIPLE DEPENDE	NT CLAIM		{			070	l
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Total Independent FIRST PRESENTATION OF MI (Column 1)	Minus ••• JLTIPLE DEPENDE	NT CLAIM	<u> </u>		, and the same of	OR OR	X80= +270= TOTAL	
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